

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ C C00490375	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Postal Systems, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 12 / 2016	
Mailing Address 1890 North Blvd.		Amount 32015.64	
City San Leandro	State CA	Zip Code 94577	Transaction ID : D710152
Purpose of Expenditure Postage	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 02 / 08 / 2016	
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: NY	
Calendar Year-To-Date Per Election for Office Sought 43325.04		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Postal Systems, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 12 / 2016	
Mailing Address 1890 North Blvd.		Amount 41251.30	
City San Leandro	State CA	Zip Code 94577	Transaction ID : D710153
Purpose of Expenditure Postage	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 02 / 08 / 2016	
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: OH	
Calendar Year-To-Date Per Election for Office Sought 56330.50		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	73266.94
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Martha Kuhl

[Electronically Filed]

Date

MM / DD / YYYY
02 / 13 / 2016

Signature